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[hawaii.gov/mental-
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Hawai'i Mental Health & Well-Being Framework for Disasters and Traumatic Events: A Trauma-Informed Approach

Executive Summary

The Hawai'i Mental Health and Well-Being Framework for Disasters and Traumatic Events: A Trauma-Informed Approach (the Framework), co-created by the Hawai'i Office of Wellness and Resilience (OWR), in collaboration with our community partners on Maui, as well as local, state and federal agencies, is the first statewide resource of its kind, providing guidance across all phases of disaster to support the mental health and well-being of individuals, families, and communities affected by disasters and traumatic events. Developed in the wake of the 2023 Maui wildfires, the Framework integrates trauma-informed care principles with the emergency management cycle and is intended to serve as a national model for community-centered, culturally responsive mental health preparedness and response to disaster and traumatic events.



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Guiding Principles

The Framework is grounded in trauma-informed care principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender responsiveness (CDC, 2022). It adopts an all-hazards approach—building the capacity to support mental health and well-being across a wide range of traumatic events—and integrates a social determinants of health lens, recognizing that structural inequities shape how communities experience and recover from disasters and traumatic events. The Framework also centers collective healing and understands resilience as inseparable from relationships to community, land, and culture. Together, the “all-hazards” approach and integration of social determinants of health lens encourage proactive planning, cross-sector coordination, and long-term resilience. The Framework emphasizes trauma-informed support for mental health and well-being, and timely connections to available resources and services.

Phases of Disaster

The four phases of disaster—prevention, preparedness, response, and recovery—describe the typical sequence of conditions, needs, and responses that unfold before, during, and after a disaster or emergency. The phase model is used to guide governmental responses to natural hazards and disasters, informed by disaster research documenting how communities respond over time (National Disaster Recovery Framework, 2024), and is adopted by agencies such as the Federal Emergency Management Agency (FEMA) to guide planning, funding, and coordination across jurisdictions.

Disasters and traumatic events—whether natural or human-caused— exert profound psychological, social, and structural effects on individuals, as well as entire communities. Thus, the Framework broadens the scope of traditional disaster and emergency definitions, providing tools and guidance for mental health and well-being support through community-defined crises. The phases defined below help responders anticipate shifting needs at each stage and identify the essential capabilities required to do so, in alignment with the APA Guidelines for Prevention in Psychology (APA, 2014).

- **The Prevention phase**, also known as “blue sky” times, is dedicated to planning. The prevention phase refers to periods when there is no active disaster or emergency and focuses on laying the groundwork for community well-being and resilience. Activities in this phase strengthen community well-being and reduce the mental health impact of disasters by expanding workforce skillsets and the use of evidence-based practices.
- **The Preparedness phase** builds on the groundwork that occurs in the prevention phase through ongoing planning, training, coordination, and capacity-building to maintain and strengthen readiness over time. This phase provides opportunities for communities, systems, and responders to build resilience in preparation for disaster.
- **The Response phase** refers to immediate actions taken during and directly after a disaster to provide mental health and well-being support and to mitigate the long-term impact of potentially traumatic events and acute trauma among affected populations .
- **The Recovery phase** involves short- and long-term efforts to increase awareness of and reduce mental health impacts following an event and expand coping strategies among community members and first responders.

Framework Components

The Framework organizes recommendations across seven interconnected components, each addressing actions across the four phases of disaster:

1. **Mental Health and Wellness Services** – Deploy community-based Maui Ola or well-being teams; conduct needs assessments; provide virtual support rooms; offer scalable, culturally responsive care; expand first responder support; and ensure equitable access to information and resources.
2. **Workforce and Community Capacity-Building** – Expand preparedness skillsets through ongoing training, certifications, and preparedness drills grounded in trauma-informed care and culturally responsive practice; implement continuous quality improvement to ensure training remains relevant and effective.
3. **Cultural Responsiveness** – Ensure services reflect the cultural, language, and functional needs of all survivors; build inclusive partnerships with local leaders and cultural practitioners; deliver culturally responsive training; and offer healing practices.
4. **Safe Spaces and Outreach** – Establish and sustain Resilience Hubs as accessible, community-centered spaces for coordinated service delivery; deploy flexible mobile units to reach survivors who cannot access fixed locations.
5. **Data and Outcome Monitoring** – Build shared data systems across response partners; deploy real-time data tools to support timely decision-making; and translate data into concrete improvements to services and policy.
6. **Partnership and Communication** – Sustain cross-agency collaboration across government, non-profit, philanthropic, and private-sector partners; maintain accessible communication infrastructure; develop disaster registries; and build community preparedness through public awareness and education.
7. **Funding and Policymaking** – Identify and secure diverse funding sources before disaster occurs; use data to drive equitable policy and funding decisions; and establish emergency policy frameworks that enable rapid mobilization across organizational boundaries.



Intended Use

The Framework is designed for a wide range of users spanning first responders, helping professionals, organizational and state leaders, policymakers, mental health providers, cultural practitioners, and community members. Sections are designed to stand alone, allowing users to navigate directly to the guidance most relevant to their role and phase of work. **This is Version 1 of a living document, intended by OWR to be updated and expanded as evidence, community input, and lessons from ongoing disaster response continue to grow.**

Framework at a Glance

The Hawai'i Mental Health and Well-Being Framework for Disasters and Traumatic Events: A Trauma-Informed Approach (The Framework) organizes recommendations across seven interconnected components:

- 1 **Mental Health and Wellness Services**
- 2 **Workforce and Community Capacity-Building**
- 3 **Cultural Responsiveness**
- 4 **Safe Spaces and Outreach**
- 5 **Data and Outcome Monitoring**
- 6 **Partnership and Communication**
- 7 **Funding and Policymaking**

The Framework is grounded in understanding that effective mental health and well-being response requires action long before and well after a disaster or traumatic event occurs. Thus, within each of the seven components, the Framework organizes recommendations across four phases: Prevention, Preparedness, Response, and Recovery, as shown in Figure 1.

The tables that follow provide a high-level summary of recommendations across each component and phase. Please note, recommendations included in the "Recommendations At a Glance" are not exhaustive. Each component is defined and the complete set of recommendations, with detailed guidance, are provided in the sections of the Framework In-Depth, *coming soon!*

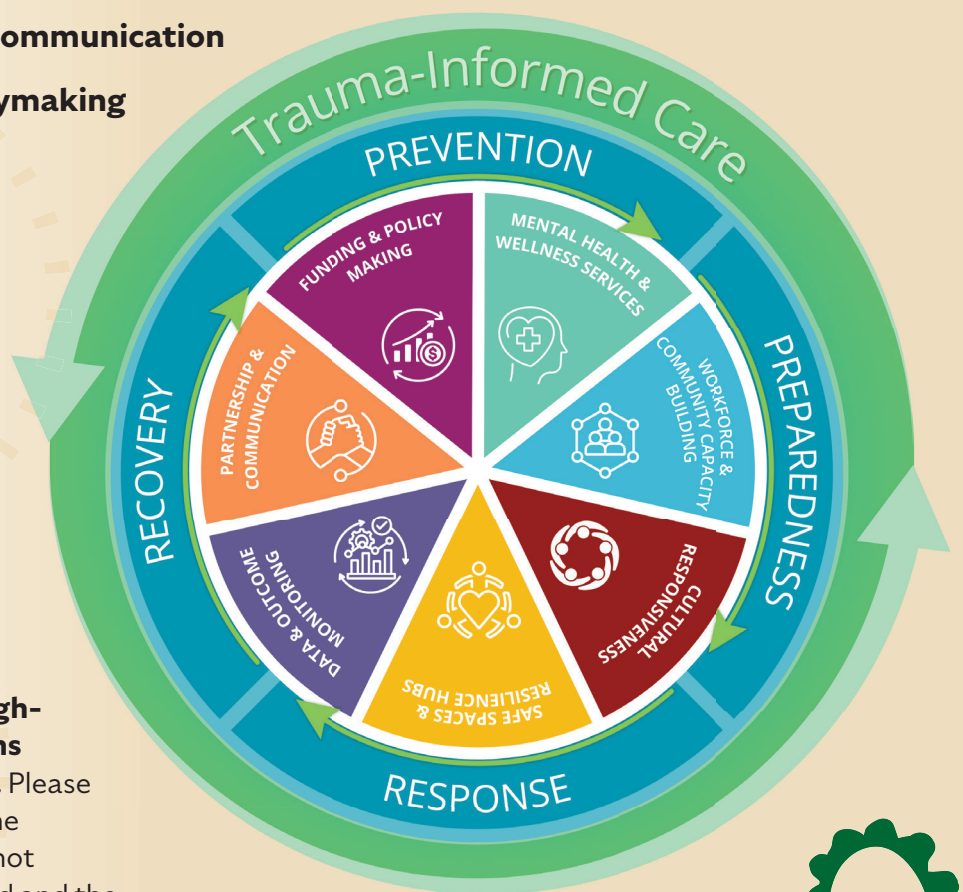


Figure 1. The Hawai'i Mental Health and Well-being Framework for Disasters and Traumatic Events: A Trauma-informed Approach

Mental Health & Wellness Services:

Recommendations at a Glance

Mental Health and Wellness Services Summary			
#	Recommendation	Objective	Key Approach
1.1	Mauli Ola Teams	Deploy community-based well-being teams to support mental health and well-being among first responders and survivors	Activated teams of local mental health and well-being providers and community members trained to support those affected during and after disaster and traumatic events
1.2	Needs Assessment	Identify gaps and address unmet needs	Data collection via coordination calls, and other activities such as surveys, Community Resource Mapping, recovery assessments
1.3	Virtual Support Rooms	Provide immediate, accessible remote support	24-hour drop-in rooms staffed by licensed mental health providers; separate spaces for survivors and helpers
1.4	Mental Health & Well-being Services	Provide resilience-building programs and scalable, culturally responsive care	Supportive services offered to survivors such as but not limited to Psychological First Aid and community-based healing practices
1.5	First Responder Support	Expand support and services available to first responders and those in the helping professions	Examples include peer support; indirect trauma monitoring; family-inclusive services
1.6	Information Accessibility	Ensure equitable access to timely information and resources	Accessible information-sharing tools and awareness campaigns; access and functional needs integration; language translation and interpretation services
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Workforce and Community Capacity-Building: Recommendations at a Glance

Workforce and Community Capacity-Building Summary			
#	Recommendation	Objective	Key Approach
2.1	Training	Expand preparedness skillsets and deepen trauma-informed practice those in the helping professions, the workforce involved in mental health supports and services, and community members	Ongoing training, certifications, and preparedness drills grounded in trauma-informed care and culturally responsive practice
2.2	Continuous Quality Improvement	Ensure workforce development and community Capacity-Building efforts remain relevant and effective throughout response and recovery	Evaluation and continuous improvement of training and workforce development, including onboarding for newly engaged organizations

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Cultural Responsiveness: Recommendations at a Glance

Cultural Responsiveness Summary			
#	Recommendation	Objective	Key Approach
3.1	Culturally Responsive Care	Ensure services reflect the cultural, language, and functional needs of all survivors	Services tailored to region- and population-specific needs; inclusive materials; resources continuously adapted throughout recovery; attention to nuances of diverse populations
3.2	Inclusive Partnerships	Integrate trusted local knowledge into every level of disaster response	Partnerships with local mental health providers, community leaders, cultural practitioners, disability specialists, and translators; local partners paired with external responders to ensure place-based, culturally responsive care
3.3	Culturally Responsive Training	Build cultural competency across all responding teams, including those from outside the region	Ongoing training on local culture and historical trauma delivered by cultural experts; awareness and responsiveness to racial, ethnic, and indigenous community experiences
3.4	Cultural Healing Options	Offer diverse, community-appropriate pathways to healing for survivors and responders	Culturally grounded practices such as art, music, dance, traditional healing, and bodywork; offerings tailored to community demographics and sustained throughout recovery
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Safe Spaces and Outreach:

Recommendations at a Glance

Safe Spaces and Outreach Summary			
#	Recommendation	Objective	Key Approach
4.1	Resilience Hubs	Establish and sustain accessible, community-centered spaces for delivery of coordinated mental health and wellness services	Facilities with trained leadership and stable funding that can be rapidly mobilized; welcoming, familiar spaces for survivors to gather, connect, and access resources
4.2	Mobile Units	Deliver services to survivors who cannot access fixed locations and where survivors are housed; consider transportation needs such as patient transfers as applicable	Flexible mobile units for well-being checks and service delivery
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Data and Outcome Monitoring Summary			
#	Recommendation	Objective	Key Approach
5.1	Shared Data Systems	Build and sustain the foundation for coordinated, transparent information sharing across all response partners	Standardized data collection tools (e.g., needs assessment surveys, disaster registry), defined data governance protocols, and real-time access to information shared across agencies
5.2	Real-Time Data Tools	Capture, visualize, and communicate information to support timely decision-making	Data collection mechanisms (e.g., two-way communication, rapid pulse surveys) and accessible platforms (e.g., public-facing dashboards displaying service availability, resource gaps, and community well-being indicators) to support resource allocation and continuous quality improvement
5.3	Data-Driven Insights and Action	Translate data into concrete improvements to services and supports	Analysis of trends in community quality of life and workforce well-being, tracked outcomes over time to identify what is and isn't working; policy, program, and resource decisions informed by data
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Partnership and Communication :

Recommendations at a Glance

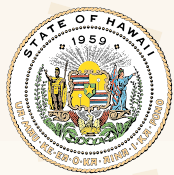
Partnership and Communication Summary			
#	Recommendation	Objective	Key Approach
6.1	Cross-Agency Collaboration	Build and sustain coordinated communication across government, non-profit, philanthropic, and private-sector partners	Trusted partnerships and communication structures; formal cross-agency teams convening; sustained coordination and integrated well-being supports
6.2	Communication Infrastructure	Ensure timely, accessible, and transparent information sharing with survivors and communities across all phases	Tested and trusted communication tools (e.g., online applications, text alerts, social media, radio, electronic message boards); interactive communication tools; resource dissemination and updates; accessibility for populations with access and functional needs including language translation and interpretation services
6.3	Disaster Registry	Enable ongoing communication, data collection, and improved service delivery	Registry development, awareness, and enrollment; push notifications for timely updates; ongoing communication and continuous service improvement
6.4	Public Awareness and Education	Increase community preparedness, literacy, and access to resources across all phases	Strategic communication and education plans; awareness campaigns; trauma-informed resources for survivors and helpers; sustained public awareness initiatives
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Funding and Policymaking Summary			
#	Recommendation	Objective	Key Approach
7.1	Funding Streams and Trusted Partners	Identify and secure diverse funding sources and trusted community partners before disaster occurs	Federal, state, and philanthropic funding strategies; expedited and simplified funding streams; formalized partnerships with community-based organizations, local or indigenous health systems (i.e.: native Hawaiian), and local providers
7.2	Data-Informed Policy and Funding Decisions	Use data to drive policy and funding decisions – distinct from data collection and analysis covered in Component 5: Data and Outcome Monitoring	Data driven resource allocation and funding decisions informed by service utilization, community well-being indicators, workforce capacity data, and lessons from prior disasters that reflect community priorities and adapt to evolving conditions
7.3	Emergency Policy Frameworks	Establish the legal and administrative conditions needed to mobilize resources and act quickly across organizational boundaries; Track emergency policy frameworks (e.g., executive orders, proclamations) and promote quick guides and other reference materials	Development of emergency policy frameworks; federal and state policy tracking; policy changes that strengthen Hawai'i's disaster behavioral health infrastructure; county, state, and federal emergency proclamations that unlock available resources and authorities
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Our resilience is rooted in our wellness

He 'ike 'ana ia i ka pono.

It is a recognizing of the right thing. One has seen the right thing to do and has done it.

—From 'Ōlelo No'eau (#620), collected and translated by Mary Kawena Pukui